

## United States District Court

District of the Northern Mariana Islands

NOV 14 2005

Robert D. Bradshaw

Plaintiff

V.

JAY H. SORENSEN, et. al.,

See Attached Listing.

Defendants.

For The Northern Mariana Islands  
By \_\_\_\_\_

(Deputy Clerk)

**SUMMONS IN A CIVIL CASE**

CASE NUMBER: CV 05-0027

**COMPLAINT and  
AMENDED COMPLAINT**

TO: (Name and address of Defendant)

Jay H. Sorenson  
 c/o Shanghai  
 PO Box 9022  
 Warren, MI 48090

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Robert D. Bradshaw  
 Plaintiff, Pro Se  
 PO Box 473  
 1530 W. Trout Creek Road  
 Calder, ID 83808, Phone 208-245-1691

an answer to the complaint which is served on you with this summons, within Twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Galo L. Perez

CLERK

(By) DEPUTY CLERK

SEP 22 2005

DATE

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup> <i>ROBERT D. BRADSHAW</i>	DATE <i>OCTOBER 11, 2005</i>
NAME OF SERVER (PRINT)	TITLE <i>PLAINTIFF</i>

*Check one box below to indicate appropriate method of service*

- Served personally upon the defendant. Place where served: \_\_\_\_\_
- Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.  
Name of person with whom the summons and complaint were left: \_\_\_\_\_
- Returned unexecuted: \_\_\_\_\_
- Other (specify): SERVED BY CERTIFIED MAIL, RETURN RECEIPT, COPY ATTACHED.

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL

**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on OCT 11, 2005  
Date

*Robert D. Bradshaw*  
Signature of Server

Box 473  
CALIFORNIA, 10 83808  
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

## LISTING OF DEFENDANTS FOR SUMMONS

COMMONWEALTH OF THE NORTHERN )  
MARIANA ISLANDS (hereafter referred to )  
as the CNMI); NICOLE C. FORELLI, former )  
Acting Attorney General of the CNMI, in her )  
personal/individual capacity; WILLIAM C. )  
BUSH, former Assistant Attorney General of )  
the CNMI, in his personal/individual capacity; )  
**D. DOUGLAS COTTON, former** )  
**Assistant Attorney General of the CNMI**)  
**in his personal/individual capacity; L.** )  
DAVID SOSEBEE, former Assistant Attorney )  
General of the CNMI, in his personal/individual)  
capacity; ANDREW CLAYTON, former )  
Assistant Attorney General of the CNMI, in his )  
personal/individual capacity; Other )  
UNKNOWN and UNNAMED person or )  
persons in the CNMI OFFICE OF THE )  
ATTORNEY GENERAL, in their )  
personal/individual capacity, in 1996-2002; )  
ALEXANDRO C. CASTRO, former Judge Pro )  
Tem of the CNMI SUPERIOR COURT, in his )  
personal/individual capacity; JOHN A. )  
MANGLONA, Associate Justice of the )  
CNMI Supreme Court, in his )  
personal/individual capacity; TIMOTHY H. )  
BELLAS, former Justice Pro Tem of the CNMI )  
Supreme Court, in his personal/individual )  
capacity; PAMELA S. BROWN, present )  
Attorney General of the CNMI; in her )  
personal/individual capacity;  
ROBERT A. **BISOM**; and JAY H. SORENSEN.)  
Defendants )

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>X Dennis Batt</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>DENNIS BENNETT</b> C. Date of Delivery <b>OCT 11 2005</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <b>MAIN PO WARREN, MI 48090</b></p>	
<p>1. Article Addressed to:</p> <p><b>JAY H. SORENSEN C/O SHANGHAI 1 PO Box 9022 WARREN, MI 48090</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7099 3220 0001 3672 1745</b></p>			

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

<b>U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)</b>		
Article Sent To: <b>JAY H. SORENSEN C/O J-HANG-SAI PO Box 9022, WARREN MI 48090</b>		
3220000136721745	Postage	\$ 3.80
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 7.90
		
Name (Please Print Clearly) (To be completed by mailer) <b>ROBERT BROSNAHAN</b>		
Street, Apt. No.; or PO Box No. <b>Box 473</b>		
City, State, ZIP+4 <b>CALDER, ID 83808</b>		

PS Form 3800, July 1999      See Reverse for Instructions